



**ESWATINI
COMMUNICATIONS
COMMISSION**



**ESWATINI
DATA PROTECTION
AUTHORITY**

APPLICATION FORM

AUTHORISATION TO TRANSFER PERSONAL DATA OUTSIDE OF THE KINGDOM OF
ESWATINI

SECTION I: APPLICANT DETAILS

Details of the Data Controller transferring the personal data

Name of Organisation:	
Organization Address:	
Are you Registered as a Data Controller/ Data Processor (Tick as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
*if not registered with EDPA, you cannot transfer personal data.	
Registration Number as Data Controller/ Data Processor	Issued on/.... / Valid until .../....
Type of Organisation	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Government <input type="checkbox"/> Other _____
Sector of Organisation	<input type="checkbox"/> Finance <input type="checkbox"/> Telecommunication <input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Aviation <input type="checkbox"/> Other _____

DATA PROTECTION OFFICER DETAILS

Name:	
Email Address	
Phone Number	

Section 2: Details of the personal data being transferred Outside of Eswatini:

Categories of data subject whose data is being transferred (e.g. customers, employees, etc.)	<input type="checkbox"/> Employees <input type="checkbox"/> Users <input type="checkbox"/> Subscribers <input type="checkbox"/> Customers/prospective customers <input type="checkbox"/> Students <input type="checkbox"/> Patients <input type="checkbox"/> Children <input type="checkbox"/> Vulnerable adult <input type="checkbox"/> Other (specify) _____
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Types of personal data (e.g. names, contact details, financial information, etc.)	<p>Personal information</p> <input type="checkbox"/> Names <input type="checkbox"/> national or ethnic origin, <input type="checkbox"/> religion, <input type="checkbox"/> age <input type="checkbox"/> marital status <input type="checkbox"/> education, <input type="checkbox"/> medical, <input type="checkbox"/> Criminal Records <input type="checkbox"/> employment, <input type="checkbox"/> financial transactions <input type="checkbox"/> any unique identifying number, symbol assigned to the individual <input type="checkbox"/> correspondence sent to a data controller by the individual that is explicitly or implicitly of a private or confidential nature <input type="checkbox"/> address, <input type="checkbox"/> fingerprints or blood type of the individual; <input type="checkbox"/> Other _____
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Types of Sensitive personal data (e.g. names, contact details, financial information, etc.)	<p>Are you transferring sensitive personal information</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Is yes, select sensitive personal information</p>
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	<ul style="list-style-type: none"> <input type="checkbox"/> Race national or ethnic origin, <input type="checkbox"/> Political opinion or affiliation <input type="checkbox"/> Religion or philosophical beliefs <input type="checkbox"/> Genetic data <input type="checkbox"/> Data related to children <input type="checkbox"/> Data related to offences <input type="checkbox"/> biometric data <input type="checkbox"/> Criminal Sentences <input type="checkbox"/> Gender <input type="checkbox"/> trade-union membership <input type="checkbox"/> Health or sex life
<p>Purpose of transferring of personal and sensitive personal information</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HR management <input type="checkbox"/> Enrolment <input type="checkbox"/> Provision of service <input type="checkbox"/> Back up <input type="checkbox"/> Storage <input type="checkbox"/> Medical services <input type="checkbox"/> Legal aid <input type="checkbox"/> Other _____
<p>legal basis for the data transfer:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consent by the data subject <input type="checkbox"/> Performance of a contract <input type="checkbox"/> Legal obligation <input type="checkbox"/> Vital interest of the Data subject <input type="checkbox"/> Public interest <input type="checkbox"/> Public authority <input type="checkbox"/> Legitimate interest <input type="checkbox"/> Authorisation from the Data Protection Authority
<p>Explain the reason for the data transfer and how it aligns with data protection regulations.</p>	



SECTION 3: DETAILS OF THE RECIPIENT

Recipient Name(s) to whom you transfer personal data Who will you transfer personal data to?																																					
Destination country(ies) What are the names of country(ies) the personal data will be transferred to? What are the data protection laws of country (ies) the personal data will be transferred to?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">No</th> <th style="width: 25%;">Country/ries</th> <th style="width: 25%;">Do they have Protection Rules (Y/N)</th> <th style="width: 45%;">Name of Legislation</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>	No	Country/ries	Do they have Protection Rules (Y/N)	Name of Legislation	1.				2.				3.				4.				5.				6.				7.							
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2.																																					
3.																																					
4.																																					
5.																																					
6.																																					
7.																																					
What is the type of your recipient(s)?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Development Partner <input type="checkbox"/> Others:.....																																				
What will the RECIPIENTS be doing with the transferred personal data?																																					
How often will these transfers occur?	<input type="checkbox"/> One time <input type="checkbox"/> adhoc <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Others: Please Specify																																				
How long can the recipients receive or access the transferred personal data?																																					
Involvement of third party(ies) If applicable, list all approved third parties who will be involved in processing of personal data to be transferred . If not applicable, mention N/A																																					

SECTION 4 – DETAILS OF PROTECTION FOR PERSONAL DATA TO BE TRANSFER

What is the format of personal data to be transferred?	
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How are you sending/transferring personal data to your recipients?

Paper Remote access Email Secure File Transfer Protocol (SFTP) Integration Web-based collaborative platforms Others: Please specify

Safeguards, security measures and mechanisms implemented to protect personal data before being transferred by Data controller or Data processor to the recipient?

What are Safeguards, security measures and mechanisms measures do the RECIPIENTS have in place to protect personal data once it has been received?

Controls	Please tick if applicable	Short description
Physical Security		
UPS		
User Logging Controls		
Access Controls:		
User Access Management		
User Responsibilities		
Regular Backups		
Recovery		
Audit Trails		
Firewalls		
Protection from Malware		
Periodic Virus Checks		
Regular Security Updates		
Information Transfer Security (such as		

	cryptography, password-protection, etc)		
	Communications Security (such as Virtual Private Network, Intrusion Detection, etc)		
	Audits of Transfer System		
	Management of Information Security Incidents		
	Employees awareness on Information Security		
	Traffic Monitoring and Filtering		
	Information Security controls among Supplier(s) (such as Confidentiality clauses)		
	Security Contractual Requirements with Recipient/s of Data Transfer		
	Transfer Requirements catered in Privacy Policies		

NB: Please note that this list is subject to changes. In case you have additional security controls, please add to the list.

I certify that the above information is correct and complete and hereby apply to be authorized to transfer personal data outside Eswatini relating to the protection of personal data and privacy.

Name

Position

Signature: _____

Date: _____

SUPPORTING DOCUMENTS

1. Application letter addressed to the Chief Executive of EDPA
2. Contracts for transfer of personal data with the recipient(s)
3. Data Protection Impact Assessment (DPIA) for transferring personal outside Eswatini

Please convert all documents into PDF, zip, and send them to dataprotection@esccom.org.sz by writing your organization name in the email's subject